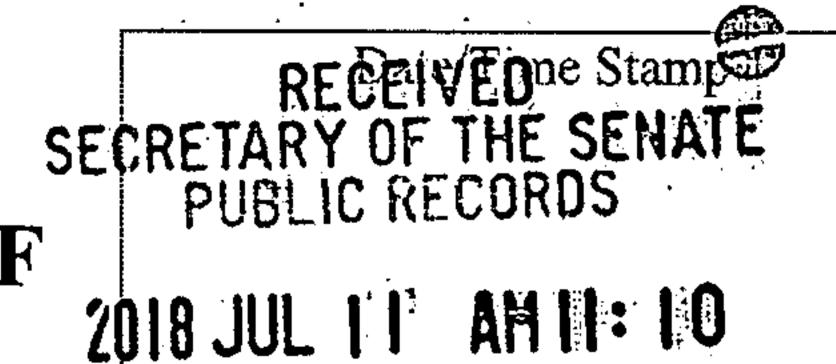
## COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Laura Berntsen	
	on Wyden/Senate Finance
Travel Expenses Paid by (List all sources	the Aspen Institute (Education and Society Program)
April 5-6 2018 Travel Date(s):	
The Description/Title of Attached Forms:	nis amendment includes form RE-1.
·	
	· · · · · · · · · · · · · · · · · · ·
Purpose of Amendment (describe the reas	son for amending original submission):
accidentally omitted from the o	riginal post-travel submission.
•	· · · · · · · · · · · · · · · · · · ·
	•
	······································

3/1/18 (Date)

(Signature of Traveler)

(Revised 10/19/15)

## EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

ETHIC NAR 5'18AM 9:59

Name of Traveler:	Laura Ber	ntsen		
Employing Office/Committee:	mmittee: Sen. Ron Wyden/Senate Finance			
Private Sponsor(s) (list all): the Aspen In	stitute Inc.			
Travel date(s): April 5-6 2018				
Note: If you plan to extend the trip j	for any reason you <u>must</u> notify	the Committee.		
Destination(s): McHenry, MD	····			
Explain how this trip is specifically connect	ed to the traveler's official or	representational duties:		
	me of the key anti-poverty p	Senate Finance Committee Minority. The programs the federal government funds. This saura works on and help inform her		
Name of accompanying family member (if a Relationship to Employee: Spouse	_	······································		
I certify that the information contained in the Solar (Date)	is form is true, complete and c	(Signature of Employee)		
TO BE COMPLETED BY SUPERVISING SEN Secretary for the Majority, Secretary for the Min	•	the Senate, Secretary of the Senate, Sergeant at Arms,		
Sen. Ron Wyden	hereby authorize	Laura Berntsen		
(Print Senator's/Officer's Name)		(Print Traveler's Name)		
related expenses for travel to the event describing as a Senate employee or an officeholo private gain.	ribed above. I have determined the apprication of the employee's spouse or ch	ment for necessary transportation, lodging, and did that this travel is in connection with his or her bearance that he or she is using public office for did is appropriate to assist in the representation		
8 5 2018		nature of Supervising Senator/Officer)		
**(Date) (Revised 10/19/15)	(Sig	nature of supervising senator/Officer)  Form RE-1		